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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Complete If Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/673,504-Conf. #1665 |
| | | Filing Date | September 30, 2003 |
| | | First Named Inventor | Chang-Ho LIOU |
| | | Examiner Name | K. Xiao |
| | | Art Unit | 2629 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,740.00 |
| | | Attorney Docket No. | 0941-1683PUS1 |

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|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | |
|--|---------------|--|--------------------------------|-----------------------|------------------|-----------------------|------------------------------|--------------|--------------|--|----------|---------------|---|---------|--|--------------------------------|---------------------------|--|----------|---------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | | | | | | | | | | | | | | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | | | | | | | | | | | | | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | | | | | | | | | | | | | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 370 | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>1</td> <td>- 20 =</td> <td>x</td> <td>=</td> </tr> </table> | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 1 | - 20 = | x | = | <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </table> | | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | |
| 1 | - 20 = | x | = | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>1</td> <td>- 3 =</td> <td>x</td> <td>=</td> </tr> </table> | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 1 | - 3 = | x | = | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | |
| 1 | - 3 = | x | = | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> </tr> </table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | - 100 = | /50 = | (round up to a whole number) x | = | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | |
| | - 100 = | /50 = | (round up to a whole number) x | = | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... | | | | | | | 810.00 | | | | | | | | | | | | | |
| 1253 Extension for response within third month | | | | | | | 930.00 | | | | | | | | | | | | | |

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|---------------------|-------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 28,380 |
| Name (Print/Type) | James M. Slattery | Telephone | (703) 205-8015 |
| | | Date | May 6, 2008 |